

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16	1					
17	1					
18	1					
19	2					
20	3					
21	2					
22	2					
23	2					
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46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	38	↔	↔	↔		
TOTAL CLAIMS	41					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
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96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.		↔	↔	↔	
TOTAL CLAIMS					